

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> </div>	

Full Name of Payee TMA DIRECT INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div><div><input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2015"/></div></div>	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4177 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div><div><input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2015"/></div></div>	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div><div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div></div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div><div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div></div>	
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

/ /

Signature